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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *OK - PS*

This appln claims benefit of 60/447,922 02/19/2003  
 and is a CIP of 09/939,435 08/24/2001 ABN  
 and is a CIP of 09/939,506 08/24/2001 ABN  
 and is a CIP of 09/939,507 08/24/2001 ABN  
 and is a CIP of 10/345,825 01/16/2003 PAT 6,908,448

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None PS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>PS</i>	

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## TITLE

Ultrasonically enhanced saline treatment for burn damaged skin

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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